

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Noboru SHIBATA et al.

Serial No. 10/764,828

Confirmation No. 7925

Filed: January 26, 2004

For: Semiconductor Memory Device For Storing Multivalued Data



Art Unit: 2827

Examiner: Nguyen, Viet Q.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
September 7, 2005  
Date of Deposit  
Juanita Soberanis  
Name  
*Juanita Soberanis* 09/07/05  
Signature Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- ☒ Amendment and Response to Restriction Requirement.  
☒ Return Postcard.  
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	24	-	20 **	4	LG=\$50 SM=\$25	\$ 200
INDEPENDENT CLAIMS FEE	8	-	8 ***	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
TOTAL						\$ 200

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$\_\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$\_\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge \$200 to cover the additional claims fee to Deposit Account No. 50-1314. The Commissioner is authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

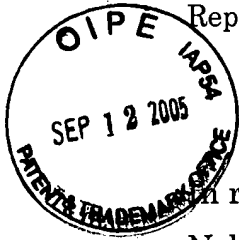
Date: September 7, 2005

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Appl. No. 10/764,828  
Amdt. dated September 7, 2005  
Reply to Office Action of August 10, 2005

Atty. Ref. 81790.0309  
Customer No. 26021



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**AMENDMENT AND RESPONSE TO  
RESTRICTION REQUIREMENT**

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September 7, 2005

Date of Deposit

Juanita Soberanis

Name

*Juanita Soberanis* 09/07/05

Signature

Date

Dear Sir:

In response to the Office Action dated August 10, 2005, please amend this  
application as follows:

**Amendments to the Claims** are reflected in the listing of claims which  
begins on page 2 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.